

HOTEL AND REGISTRATION INFORMATION

REGISTRATION:

Please fill out the attached registration form and fax to (410) 423-2193, or mail to Energetics, Inc., 7164 Gateway Drive, Columbia, MD 21046, by March 9, 2001. You will receive a confirmation letter when your registration is processed. If you have questions, please call Energetics Conference Services at (410) 953-6277. The registration fee is \$60.00.

HOTEL:

The Hotel Sofitel Houston is located at 425 North Sam Houston Parkway East, Houston, Texas. It is about 10 minutes from Bush Intercontinental Airport and 45 minutes from Houston Hobby Airport. The phone number is (281) 445-9000.

A block of rooms has been reserved for our group for \$91.00 plus tax per night. Please call the hotel directly to make your reservation. Our group name is *Deep Trek Workshop*.

The hotel provides complimentary shuttle service to the hotel. Call the hotel from the baggage area hotel phone board and tell the concierge you need transportation.

If you are driving from Bush Airport, follow airport signs to I-45, which leads to JFK Boulevard. Take JFK Boulevard to Beltway 8 (Sam Houston Parkway), go West on Beltway 8. Exit Imperial Valley Drive. The Hotel Sofitel is on the right hand side on the corner of Beltway 8 (Sam Houston Parkway) and Imperial Valley Drive.

DEEP TREK WORKSHOP

U.S. DEPARTMENT OF ENERGY
NATIONAL ENERGY TECHNOLOGY LABORATORY
SANDIA NATIONAL LABORATORIES

March 20-21, 2001 • Hotel Solitel • Houston, Texas

Name _____ First Name for Tag _____

Title _____ Organization _____

Mailing Address _____

City _____ State _____ Zip _____

Telephone (____) _____ Fax (____) _____

E-mail: _____ Emergency contact: _____

Day Telephone (____) _____ Eve. Telephone (____) _____

Breakout Sessions - Please indicate your first and second choice:

_____ Drilling and Completion Fluids

_____ Advanced Smart Drilling Systems

_____ Completion-Based Well Design

_____ Drilling Diagnostics and Sensor Systems



☐ Please check here if you require assistance. We will contact you to discuss your needs.



☐ Vegetarian

Registration Fee: \$60.00

Payment Method:

☐ Check/PO (made payable to Energetics, Inc.) Total Fee Enclosed: \$_____.



Account Number: _____



Expiration Date: ☐ ☐ - ☐ ☐



Print name (as it appears on card): _____

Cardholder's Signature: _____ Amount: _____

**Please return completed form
and fee, by March 9, 2001, to:**

Conference Services
Energetics, Incorporated
7164 Gateway Drive
Columbia, MD 21046

Phone: (410) 953-6277
Fax: (410) 423-2193

For Internal Use Only

Received _____ Entered _____

Multiple for: _____

Confirmation Letter _____ Ck# _____ p/c _____

Refund _____ Amt. Rcd. _____

PO# _____ Auth# _____ Date _____